

MAR 30 2006

## FAX TRANSMISSION



**DATE:** March 30, 2006  
**CLIENT NO.:** K2020.0005  
**MESSAGE TO:** Examiner James J. Leybourne  
**COMPANY:** USPTO; Art Unit 2881  
**FAX NUMBER:** (571) 273-8300  
**PHONE:** (571) 262-2478  
**FROM:** Peter A. Veytsman  
**PHONE:** 202-777-2592

**PAGES (Including Cover Sheet):** 25      **HARD COPY TO FOLLOW:**  YES  NO

Please file the attached Amendment (20 pages), Amendment Transmittal Letter, Petition for Extension of Time, Fee Transmittal and Credit Card Payment Form in U.S. Patent Application No. 10/790,763, filed on March 3, 2004. Pursuant to 37 C.F.R. § 1.8, the undersigned hereby certifies that the attached documents are being transmitted by facsimile to the U.S. Patent and Trademark Office on March 30, 2006.

Peter A. Veytsman, Reg. No. 45,920

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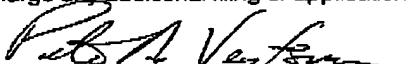
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<b>AMENDMENT TRANSMITTAL LETTER</b>			Docket No. 102020-0005/P005	
Application No. 10/790,763	Filing Date March 3, 2004	Examiner J. J. Leybourne	Art Unit 2881	
Applicant(s): Kunio Moriyama et al.				
Invention: PARTICLE BEAM THERAPY SYSTEM				
<b>TO THE COMMISSIONER FOR PATENTS</b>				
Transmitted herewith is an amendment in the above-identified application.				
The fee has been calculated and is transmitted as shown below.				
<b>CLAIMS AS AMENDED</b>				
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate
Total Claims	18	- 30 =	0	x
Independent Claims	7	- 11 =	0	x
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>				
Other fee (please specify): Extension for response within third month				1,020.00
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b>				1,020.00
<input checked="" type="checkbox"/> Large Entity <input type="checkbox"/> Small Entity <input type="checkbox"/> No additional fee is required for this amendment. <input type="checkbox"/> Please charge Deposit Account No. 04-1073 in the amount of \$ _____. A duplicate copy of this sheet is enclosed. <input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. 04-1073 as described below. A duplicate copy of this sheet is enclosed. <input type="checkbox"/> Credit any overpayment. <input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.				
Dated: March 30, 2006				
 Mark J. Thronson / Peter A. Veytsman Attorney/Agent Reg. No.: 33,082 / 45,920				
DICKSTEIN SHAPIRO MORIN & OSHINSKY LLP 2101 L Street NW Washington, DC 20037-1526 (202) 775-4742				

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PTO/SB/17 (01-08)

Approved for use through 7/31/2008. OMB 0651-0032  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4815).

**FEES TRANSMITTAL**  
For FY 2006

Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT** (\$ 1,020.00)

Complete if Known

Application Number	10/790,763
Filing Date	March 3, 2004
First Named Inventor	Kunio Moriyama
Examiner Name	J. J. Leybourne
Art Unit	2881
Attorney Docket No.	K2020.0005/P005

**METHOD OF PAYMENT** (check all that apply)

Check  Credit Card  Money Order  None  Other (please identify): \_\_\_\_\_

Deposit Account Deposit Account Number: 04-1073 Deposit Account Name: Dickstein Shapiro Morin & Oshinsky LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below  Charge fee(s) indicated below, except for the filing fee  
 Charge any additional fee(s) or underpayment of  Credit any overpayments  
 fee(s) under 37 CFR 1.16 and 1.17

**FEE CALCULATION** (All the fees below are due upon filing or may be subject to a surcharge.)**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES	
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)
Utility	300	150	500	250	200	100
Design	200	100	100	50	130	65
Plant	200	100	300	150	160	80
Reissue	300	150	500	250	600	300
Provisional	200	100	0	0	0	0

**2. EXCESS CLAIM FEES****Fee Description**

Each claim over 20 (including Reissues)

Fee (\$)	Small Entity Fee (\$)
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50 25

Each independent claim over 3 (including Reissues)

200 100

Multiple dependent claims

360 180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
18	-30 = 0	x	=			
HP = highest number of total claims paid for, if greater than 20.						

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
7	- 11 = 0	x	=			
HP = highest number of independent claims paid for, if greater than 3.						

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

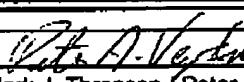
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
	- 100 =	/50 (round up to a whole number) x	=	Fees Paid (\$)

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): 1253 Extension for response within third month

1,020.00

SUBMITTED BY		Registration No. (Attorney/Agent)	Telephone
Signature		33,082 / 45,920	(202) 776-4742
Name (Print/Type)	Mark J. Thronson / Peter A. Veytsman	Date	March 30, 2006

DSMDB.2065358.1